



Community Providers Association
Caring for Connecticut.

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February 17, 2009
Human Services Committee

Proposed S.B. No. 634 AN ACT CONCERNING MEDICAID COVERAGE FOR
MEDICATIONS USED TO SAFELY TREAT OPIOID ADDICTION.

Proposed S.B. No. 635 AN ACT REQUIRING HEALTH CARE PROVIDERS TO
INFORM MEDICAID BENEFICIARIES CONCERNING THE USE OF
MEDICATIONS FOR THE TREATMENT OF OPIOID DEPENDENCY.

Good morning Senator Doyle, Representative Walker and members of the Human Services Committee. My name is Alan J. Mathis and I am President and Chief Executive Officer of Liberation Programs, a not-for-profit community based organization serving 1,200 families in Stamford, Norwalk and Bridgeport. Liberation Programs, founded nearly 40 years ago, provides targeted behavioral solutions that strengthen the communities we serve by helping individuals achieve self-sufficiency. The treatment of opioid dependency is a core competency of Liberation Programs.

I joined Liberation Programs in May 2006 after nearly 18 years in health and human services both in the government and non-profit sector in New York City. I previously served as President and C.E.O. of the Lower Eastside Service Center (an agency providing mental health, chemical dependency and permanent supportive housing) and the Director of the Narcotics Rehabilitation Center at Mount Sinai Medical Center. During my career I have had the pleasure to serve as Secretary of New York State Association of Alcoholism and Substance Abuse Service Providers and Chair of the New York City Department of Health's Federation of Mental Health, Mental Retardation and Chemical Dependency Services. I earned Master of Science in Policy Analysis and Public Management from the Averell Harriman College at the University of NY at Stony Brook. As a Sloan Fellow, I studied public policy at the Kennedy School of Government, Harvard University and the Humphrey Institute at the University of Minnesota. I am a proud resident of Norwalk.

I am speaking to you today representing the Connecticut Community Providers Association. CCPA represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and

CCPA

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physical disabilities. CCPA's membership includes all of the non-profit methadone providers in Connecticut.

Community provider agencies deliver vital human services to tens of thousands of individuals across the state. Community providers have been inadequately funded by the state for over 20 years, with increases to cover costs of services that do not come close to the rate of inflation. Despite this chronic underfunding, we face growing regulation and increasing unfunded mandates. In tough times and in times of economic plenty, the employees at CCPA agencies have grown accustomed to doing more with less. The longstanding commitment of our staff to do good by our neighbors must be recognized and rewarded through partnership with our elected officials.

Although we support the concept of Proposed Bill 635, we have several suggestions to enhance the bill so providers can adequately discharge their clinical, moral and ethical responsibilities as healthcare providers to Connecticut residents. We support an approach on disclosure that is consistent with generally accepted standards within the healthcare field by having the care provider cover both benefits and risks of treatment options. Therefore, we recommend that the language in Proposed Bill 635 be modified to read: "treatment providers must disclose to patients the risks and benefits of the approved medications for opioid dependency". By using the suggested language policy makers can be assured that patients have accurate information upon which to make informed choices without stigmatizing a particular medication or an individuals' path to recovery. Stigma remains one of chief barriers to recovery for those who need care.

We have similar concerns about Proposed Bill 634, An Act Concerning Medicaid Coverage for Medications Used to Safely Treat Opioid Addiction. We applaud the intent of Proposed Bill 634 to provide **choice** to enable those struggling to achieve a sustained recovery. However, the reimbursement rates need to appropriately reflect the actual cost involved. Simply put, the costs of providing bupernorphine and methadone treatment are not the same. We ask that policy makers include in its proposed legislation language to cover the actual cost of bupernorphine. And furthermore, we urge policy makers to ensure that patients on bupernorphine maintain access to reimbursable community based counseling and other supports that improve their opportunities to gainfully rejoin society.

Thank you for your time and consideration.

CCPA Proposed Revisions

BOLD FONT

Proposed Bill No. 634

January Session, 2009 LCO No. 1013

***AN ACT CONCERNING MEDICAID COVERAGE FOR MEDICATIONS
USED TO SAFELY TREAT OPIOID ADDICTION.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

- 1 That title 17b of the general statutes be amended to: (1) Require the
- 2 Department of Social Services to inform Medicaid beneficiaries of their
- 3 right to reimbursement for medication to treat opioid dependency,
- 4 including medication which has been determined, according to the
- 5 Drug Enforcement Agency's schedule of controlled substances, to have
- 6 a lesser potential to create or enhance dependency than the preferred
- 7 drug prescribed for opioid dependency; [and] (2) require that Medicaid
- 8 beneficiaries receive reimbursement for any medication used to treat
- 9 opioid dependency at [the same] A COST BASED rate [as Medicaid
- beneficiaries receive]
- 10 for use of the preferred drugS prescribed for treatment of opioid
- 11 dependency.
- 12 NEW AND ENSURE THAT PATIENTS ON BUPERNORPHINE
 MAINTAIN ACCESS TO REIMBURSABLE COMMUNITY BASED COUNSELING
 AND OTHER SUPPORTS THAT IMPROVE THEIR OPPORTUNITIES TO
 GAINFULLY REJOIN SOCIETY.

CCPA Proposed Language
EDITS IN BOLD FONT

Proposed Bill No. 635

January Session, 2009 LCO No. 1016

Referred to Committee on Human Services

Introduced by:

SEN. HARP, 10th Dist.

**AN ACT REQUIRING HEALTH CARE PROVIDERS TO INFORM
MEDICAID BENEFICIARIES CONCERNING THE USE OF
MEDICATIONS FOR THE TREATMENT OF OPIOID DEPENDENCY.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

- 1 That the general statutes be amended to require health care
- 2 providers to [inform] **DISCLOSE TO** patients, who are Medicaid beneficiaries
 and who
- 3 are receiving treatment for opioid dependency, **THE RISKS AND BENEFITS OF**
 THE APPROVED MEDICATIONS FOR OPIOID DEPENDENCY [of the medication
- 4 options available and of the risk of dependency associated with each
- 5 such medication.]